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Editorial

Healthcare does not simply equate to hospitals

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The future of healthcare is not, principally, about the hospital. The future is with primary healthcare in the management of chronic disease or, even better, in public health and a drive to reduce the incidence of those diseases. Suzanne Robertson-Malt's excellent editorial in this edition of *Avicenna*, sets out the challenge clearly. The Gulf Cooperation Council (GCC) countries rightly aspire to world-class healthcare, but they are in danger of becoming the world leaders in a less desirable area– -the prevalence of chronic disease.

It may seem strange for one of the authors, as a colorectal surgeon, to be emphasising the importance of primary healthcare and prevention. Yet the evidence is clear that the burden of disease across the world is shifting to chronic disease. Already the majority of global deaths– 60% in 2005– - are caused by chronic disease [1]. Amongst the relatively affluent GCC states this figure rises further; in Oman, for instance, 75% of deaths are due to non-communicable diseases [2]. Nor is it just deaths that will be driven by chronic disease. It is projected that the two leading contributors to disability-adjusted life years (DALYs) in 2020 will be chronic diseases (heart disease and depression) [3].

Chronic disease should be prevented where possible and managed effectively in the community when it does occur. Hospital treatment of chronic disease– such as emergency amputations carried out on diabetic patients– must be the last resort. However, currently there is a danger that the development of GCC healthcare repeats the experience of Europe, North America and Australasia, where spending has been focussed where it has least impact on the health of the population, as illustrated in Fig. 1.

There is no reason why the GCC countries need to repeat the mistakes of Western healthcare systems. Yet to avoid them, there needs to be a fundamental reprioritisation of investment so that healthcare spending is not focused on the construction of huge hospitals.

Money would be better spent on state of the art primary care facilities close to where people live.

These new facilities need to be staffed by dedicated primary care physicians. Family medicine physicians in the US and General Practitioners in the UK are highly respected doctors whose specialism is recognised. They are also well rewarded financially–In 2007/08 the mean income for a general practitioner in the UK was just under UKP 100,000 compared with a newly qualified hospital consultant who earned just over UKP 70,000 [4]. The status and financial rewards help to ensure that some of the very best medical students go into primary care.

Alongside the establishment of an effective primary care system, it is vital that public health and disease prevention are well resourced. Increasing exercise, decreasing obesity, eating a healthy diet and stopping smoking are lifestyle changes that reduce people's risks of a multitude of chronic disease. The World Health Organisation estimates that if these lifestyle issues were addressed, 80% of heart disease, stroke and type 2 diabetes could be prevented [5].

If lifestyles can be influenced and if primary care can be fully established, then GCC countries will have a sustainable health system. This is not a threat to hospitals, but an opportunity. Instead of dealing with patients who do not need to be there– such as the majority of the 1,500 attendees at Hamad General Hospital's Emergency Department in Doha– they will be freed up to focus on providing the specialist care to those most in need; the road traffic accident victim suffering multiple trauma or the stroke patient needing rapid CT scan and thrombolysis.

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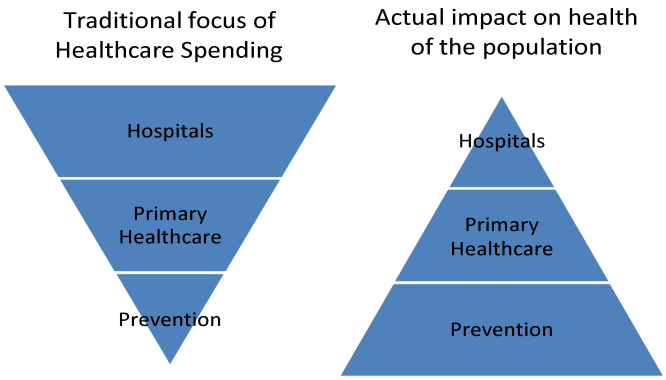


Figure. 1 Healthcare spending vs health impact.

As we work on a National Cancer Strategy for Qatar we will be seeking to apply the principles we have outlined. Whilst there will be a need to ensure that those with cancer can benefit from the latest surgical techniques and the most advanced radiotherapy equipment, the major focus of the strategy will be before a patient even crosses the hospital threshold. The best surgery in the world is of no use if a patient does not present with their cancer symptoms until the tumour is too advanced and inoperable.

This is the right approach, but it will be challenging. It is far easier to buy expensive diagnostic equipment than it is to change behaviour so that people voluntarily attend screening programmes or give up smoking, especially as influencing behaviour change requires a deep cultural understanding that this journal is seeking to foster. Social marketing approaches that work in the UK are unlikely to neatly translate to a very different cultural context. However, we should not be discouraged - by focussing on prevention and management of chronic disease, we are following in a distinguished heritage. Avicenna himself saw exercise and diet as two crucial factors in maintaining good health [6].

A note on the authors

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